## RUN DATE OF REPORT: 01/08/2004 LAST FILE UPDATE: 01/07/2004 OSCAR REPORT 3 PAGE: 1

HISTORY FACILITY PROFILE

DRAPER REHABILITATION & CARE PROVIDER #: 465091 FACILITY BEDS TYPE ACTION: RECERTIFICATION
12702 SOUTH FORT STREET PHONE NUMBER: (801) 571-2704
DRAPER UT 84020 PARTICIPATION DATE: 09/01/1983 CERTIFIED: 93 TYPE OWNERSHIP: FOR PROFIT - CORPORATION

STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 02/27/2003				LTC ADMISSION/SUSPENSION DATES					TOTAL CERTIFIED BEDS: 93						
	TOTAL:	75				ADMISSI	ON SUS	PENDED:		-	18	18/19	19	ICF/MR	
	EDICARE: EDICAID:					SUSPENSI	ON RES	CINDED:		-		93			
	OTHER:														
URRENT	SURVEY RE	VISIT	DATE	s - 08/04	/2003	04/28/200	3								
	S/S PRI		- , -		- , -		- , -	PLAN/DATE							
URVEY 13/2000	CODE SUR 04/			SURVEY 06/2002		SURVEY 02/27/20		OF CORRECT		PROGRAM REQUIREMENTS					
						ХC	В	04/27/2003	REQ	F0151-RESIDEN	NT EX	KERCISES I	RIGHTS	& IS FREE	OF COERCION
X	В					X C	В	04/27/2003	_	F0156-INFORM F0242-SELF-DE					
Λ	ь			X	В	хс	E	07/31/2003	~	F0242-SELF-DI					CHOICES
				Λ	ъ	X C	E	04/27/2003	~	F0233-NOUSEKI					Z DIAN
						X C	E	04/27/2003	~	F0281-SERVICE					
				X	В	X C	E	04/27/2003	~	F0323-FACILI					
Х	E			21	ъ	X C	F	04/27/2003	~	F0371-STORE/					
21	_					ХC	E	04/27/2003	~	F0387-FREQUE		, -			
						ХC	E	04/27/2003	_	F0432-DRUGS					
	X		D			71 0	_	01/27/2003	~	F0441-FACILI				- ,	
	21		D			ХС	F.	04/27/2003	~	F0441 PACIEI					
				X	В	A C	ш	04/27/2003	~	F0468-CORRIDO					
X	D			21	ъ				~	F0494-NURSE					1110
Λ	D					X C	G	04/27/2003	~	F0502-FACIL		- ,			
	OF LSC AP		TST	85 EXIST											
	PRIOR 2				PI	LAN/DATE									
URVEY	SURVEY	SURVE	Y	SURVEY	OF C	CORRECTION		LS	C DEFI	CIENCIES - BLI	OG NO	0. 01			
3/2000	03/2001	06/20	02	03/03/200	3										
		X						K0	025-SM	OKE PARTITION	CONS	STRUCTION			
				X C	0.4	1/30/2003		K0	034-ST	AIRS AND SMOKE	E PRO	OF TOWERS	3		
X								K0	038-EX	XIT ACCESS					
				X C	0.4	1/30/2003		K0	054-SM	OKE DETECTOR N	INIAN	TENANCE			
X	X	X		X N				KΟ	056-AII	TOMATIC SPRINE	KT.E.R	SYSTEM			

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT COP = CONDITION REQ = REQUIREMENT

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OSCAR REPORT 3 HISTORY FACILITY PROFILE

DRAPER REHABILITATION & CARE PROVIDER #: 465091

EDITION OF LSC APPLIED 85 EXIST 85 EXIST 85 EXIST 85 EXIST FRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE
SURVEY SURVEY SURVEY SURVEY OF CORRECTION
03/2000 03/2001 06/2002 03/03/2003 Χ

X C 04/30/2003

LSC DEFICIENCIES - BLDG NO. 01

K0062-SPRINKLER SYSTEM MAINTENANCE K0072-FURNISHING AND DECORATIONS K0074-COMBUSTIBLE CURTAINS K0130-OTHER

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OSCAR REPORT 3 HISTORY FACILITY PROFILE

DRAPER REHABILITATION & CARE PROVIDER #: 465091

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
REQUIREMENT	11	3	1	3
HEALTH TOTAL	11	3	1	3
LIFE SAFETY CODE	4	3	2	4
LIFE SAFETY CODE + HEALTH	15	6	3	7

## COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
03/28/2002	UNSUBSTANTIATED
05/29/2002	SUBSTANTIATED
12/18/2002	UNSUBSTANTIATED
12/24/2002	UNSUBSTANTIATED

## FMS SURVEY INFORMATION

SURVEY DATE	TYPE OF SURVEY
02/27/2003	OBSERVATIONAL